

SUBMIT TO:

Substance Abuse Division
Wyoming Prevention Framework
6101 Yellowstone Road - Suite 220
Cheyenne, WY 82002-0480

EXPENDITURES FOR REPORTING PERIOD
October 15, 2007

<i>Cost Description</i>	Budgeted Amount	Current Expenditures	Year to Date Expenditures	% Exp.
PERSONNEL SERVICES				
Salaries & Wages	\$35,000.00		\$8,297.00	23.7%
Employer Paid Benefits	\$5,000.00		\$0.00	0.0%
SUPPORTING SERVICES				
Internet Service	\$1,200.00		\$0.00	0.0%
Telephone /Cell Phone	\$1,200.00		\$0.00	0.0%
Other:	\$5,600.00		\$500.00	8.9%
TRAVEL/TRAINING/MEETINGS				
Travel In-State	\$3,000.00		\$622.00	20.7%
Training Fees	\$2,000.00		\$0.00	0.0%
Miscellaneous Meeting Expenses	\$500.00		\$50.00	10.0%
Other: 1 National conference, 1 state				
SUPPLIES				
Office (Consumable)				
Postage				
Copying and printing				
Other	\$500.00		\$0.00	0.0%
EQUIPMENT (Please itemize)				
Laptop	\$2,000.00		\$0.00	0.0%
Fax	\$1,203.00		\$0.00	0.0%
Office furniture				
CONTRACTUAL SERVICES: Attach a copy of the contract or agreement to this invoice				
A. WYSAC for evaluation	\$3,620.00		\$3,620.00	100.0%
B. SPF - TAC for technical assistance	\$5,792.00		\$0.00	0.0%
C. Focus group facilitator				
D.				
E.				
MISCELLANEOUS COSTS				
A. Bank Fees				
B. Media				
C. Indirect Costs	\$5,792.00		\$245.00	4.2%
D. Other:				
TOTAL	\$72,407.00	\$0.00	\$13,334.00	

LEAD AGENCY: Crook County Cares

COUNTY: Crook

NAME, PHONE, AND EMAIL OF AUTHORIZED OFFICIAL:

I certify that the expenditures reported above have been funded totally with funds awarded by the Wyoming Department of Health, and are for the sole purpose of the Fiscal Year 2007 WY Prevention Framework contract.

SIGNATURE OF AUTHORIZED OFFICIAL

DATE